

**Official**

LAW OFFICES OF

**GRAYBEAL JACKSON HALEY LLP**  
Attorneys at Law

155 - 108TH AVENUE N.E., SUITE 350  
BELLEVUE, WASHINGTON 98004-5901  
TELEPHONE: (425) 455-5575  
FACSIMILE: (425) 455-1046

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January 8, 2002

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**FACSIMILE MESSAGE - COVER SHEET**

**GROUP 3600**

To: Examining Unit 3632

Fax number: (703) 872-9325

Company: USPTO

Your Ref: 09/905,261

No. of pages following: 8

From: Bryan A. Santarelli

Our Ref: 1965-1-3 (Page White Farrer)

Regarding: Request For Correction of Filing Receipt

Message: Please see attached.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: John MacAlister and Peter Malone

Title: MOUNT

Serial No.: 09/905,261

Filing Date: July 13, 2001

Examiner/Unit: / 3632

Attorney Docket No.: 1965-1-3

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## CERTIFICATE OF TRANSMISSION BY FACSIMILE

Date of facsimile transmission:

*January 8, 2002*

I hereby certify that this correspondence is being transmitted via facsimile to Fax number (703) 872-9325 to Examining Unit 3632 on the date indicated below and is addressed to the Commissioner for Patents on this 8th day of January, 2002.

*Kelly Pedersen*  
Kelly Pedersen

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## REQUEST FOR CORRECTION OF FILING RECEIPT

MAR 0 8 2002

ASSISTANT COMMISSIONER FOR PATENTS  
APPLICATIONS PROCESSING DIVISION  
CUSTOMER CORRECTION BRANCH

GROUP 3600

## Status:

A Filing Receipt for the above-referenced patent application has been issued by the PTO. The Filing Receipt sets forth an Inaccuracy concerning the present

application. The instant request provides the PTO with correct data so that the records for this patent application may be appropriately updated.

On October 16, 2001, Applicants filed the Assignment. As can be seen by the enclosed copy of the Recordation Form Cover Sheet and Assignment, the assignee of this application is API Tenza Limited, not API Tenza as shown on the Filing Receipt.

A copy of the PTO's Filing Receipt is included with this request. Reference to the Filing Receipt and the enclosed documents should provide the Office with sufficient evidence to support Applicants' request for correction.

A correction of the Filing Receipt is respectfully requested in this regard.

Should the Customer Correction Branch have any questions concerning this Request For Correction of Filing Receipt, a call to the undersigned is strongly encouraged.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP



Bryan A. Santarelli  
Attorney for Applicant  
Registration No. 37,560  
155-108th Avenue N.E., Ste 350  
Bellevue, WA 98004-5901  
(425) 455-5575

Page 1 of 2



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTY DOCKET NO | DRAWINGS | TOT CLAIMS | IND CLAIMS |
|--------------------|-------------|--------------|---------------|----------------|----------|------------|------------|
| 09/905,261         | 07/13/2001  | 3832         | 899           | 1965-1-3       | 3        | 40         | 5          |

CONFIRMATION NO. 4870

## UPDATED FILING RECEIPT



\*OC000000007089128\*

GRAYBEAL JACKSON HALEY LLP  
Suite 350  
155-108th Avenue N.E.  
Bellevue, WA 98004-5901

Date Mailed: 11/14/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## ✓ Applicant(s)

John MacAlister, Yoxford, UNITED KINGDOM;  
Peter Malone, Residence Not Provided;

## Assignment For Published Patent Application

API Tenza  
*Limited*

## Domestic Priority data as claimed by applicant

## Foreign Applications

UNITED KINGDOM 0017374.0 07/14/2000

If Required, Foreign Filing License Granted 08/27/2001

Projected Publication Date: 02/21/2002

Non-Publication Request: No

Early Publication Request: No

\*\* SMALL ENTITY \*\*

## ✓ Title

Mount

**Preliminary Class**

248

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**LICENSE FOR FOREIGN FILING UNDER**  
**Title 35, United States Code, Section 184**  
**Title 37, Code of Federal Regulations, 5.11 & 5.15**

**GRANTED**

The applicant has been granted a license under 35 U.S.C. 184, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" followed by a date appears on this form. Such licenses are issued in all applications where the conditions for issuance of a license have been met, regardless of whether or not a license may be required as set forth in 37 CFR 5.15. The scope and limitations of this license are set forth in 37 CFR 5.15(a) unless an earlier license has been issued under 37 CFR 5.15(b). The license is subject to revocation upon written notification. The date indicated is the effective date of the license, unless an earlier license of similar scope has been granted under 37 CFR 5.13 or 5.14.

This license is to be retained by the licensee and may be used at any time on or after the effective date thereof unless it is revoked. This license is automatically transferred to any related applications(s) filed under 37 CFR 1.53(d). This license is not retroactive.

The grant of a license does not in any way lessen the responsibility of a licensee for the security of the subject matter as imposed by any Government contract or the provisions of existing laws relating to espionage and the national security or the export of technical data. Licensees should apprise themselves of current regulations especially with respect to certain countries, of other agencies, particularly the Office of Defense Trade Controls, Department of State (with respect to Arms, Munitions and Implements of War (22 CFR 121-128)); the Office of Export Administration, Department of Commerce (15 CFR 370.10 (j)); the Office of Foreign Assets Control, Department of Treasury (31 CFR Parts 500+) and the Department of Energy.

**NOT GRANTED**

No license under 35 U.S.C. 184 has been granted at this time, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" DOES NOT appear on this form. Applicant may still petition for a license under 37 CFR 5.12, if a license is desired before the expiration of 6 months from the filing date of the application. If 6 months has lapsed from the filing date of this application and the licensee has not received any indication of a secrecy order under 35 U.S.C. 181, the licensee may foreign file the application pursuant to 37 CFR 5.15(b).

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------|----------------------------------------------------|--|------------------------------------------------------------|-------------------------------------------|-------------------------------------------------|--|---------------------------------|-----------------------|------|---------------|--------------------------|--|
| <b>FORM PTO-1619A</b><br>Expires 06/30/99<br>OMB 0651-0027                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Department of Commerce<br>Patent and Trademark Office<br><b>PATENT</b>                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| <b>RECORDATION FORM COVER SHEET</b><br><b>PATENTS ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| <b>TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| <b>Submission Type</b><br><input checked="" type="checkbox"/> New<br><input type="checkbox"/> Resubmission (Non-Recordation)<br><input type="checkbox"/> Document ID # _____<br><input type="checkbox"/> Correction of PTO Error<br><input type="checkbox"/> Reel # _____ Frame # _____<br><input type="checkbox"/> Corrective Document<br><input type="checkbox"/> Reel # _____ Frame # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Conveyance Type</b><br><input checked="" type="checkbox"/> Assignment<br><input type="checkbox"/> License<br><input type="checkbox"/> Merger<br><input type="checkbox"/> Security Agreement<br><input type="checkbox"/> Change of Name<br><input type="checkbox"/> Other _____<br><b>U.S. Government</b><br>(For Use ONLY by U.S. Government Agencies)<br><input type="checkbox"/> Departmental File <input type="checkbox"/> Secret File |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| <b>Conveying Party(ies)</b> <input type="checkbox"/> Mark if additional names of conveying parties attached<br><table style="width: 100%;"><tr><td style="width: 60%;">Name (line 1) <u>Peter Malone</u></td><td style="width: 40%; text-align: center;">Execution Date<br/>Month Day Year<br/><u>08 24 2001</u></td></tr><tr><td colspan="2">Name (line 2) _____</td></tr></table><br><b>Second Party</b><br><table style="width: 100%;"><tr><td style="width: 60%;">Name (line 1) _____</td><td style="width: 40%; text-align: center;">Execution Date<br/>Month Day Year<br/>_____</td></tr><tr><td colspan="2">Name (line 2) _____</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name (line 1) <u>Peter Malone</u>      | Execution Date<br>Month Day Year<br><u>08 24 2001</u> | Name (line 2) _____                                |  | Name (line 1) _____                                        | Execution Date<br>Month Day Year<br>_____ | Name (line 2) _____                             |  |                                 |                       |      |               |                          |  |
| Name (line 1) <u>Peter Malone</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Execution Date<br>Month Day Year<br><u>08 24 2001</u>                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| Name (line 2) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| Name (line 1) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Execution Date<br>Month Day Year<br>_____                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| Name (line 2) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| <b>Receiving Party</b> <input type="checkbox"/> Mark if additional names of receiving parties attached<br><table style="width: 100%;"><tr><td style="width: 60%;">Name (line 1) <u>API Tenza Limited</u></td><td style="width: 40%;"></td></tr><tr><td colspan="2">Name (line 2) _____</td></tr><tr><td colspan="2">Address (line 1) <u>Carlton Park Industrial Estate</u></td></tr><tr><td colspan="2">Address (line 2) <u>Saxmundham</u></td></tr><tr><td>Address (line 3) <u>Suffolk</u></td><td><u>United Kingdom</u></td></tr><tr><td style="text-align: center;">City</td><td style="text-align: center;">State/Country</td></tr><tr><td colspan="2" style="text-align: right;">Zip Code <u>IP17 2NL</u></td></tr></table> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><input type="checkbox"/> If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name (line 1) <u>API Tenza Limited</u> |                                                       | Name (line 2) _____                                |  | Address (line 1) <u>Carlton Park Industrial Estate</u>     |                                           | Address (line 2) <u>Saxmundham</u>              |  | Address (line 3) <u>Suffolk</u> | <u>United Kingdom</u> | City | State/Country | Zip Code <u>IP17 2NL</u> |  |
| Name (line 1) <u>API Tenza Limited</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| Name (line 2) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| Address (line 1) <u>Carlton Park Industrial Estate</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| Address (line 2) <u>Saxmundham</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| Address (line 3) <u>Suffolk</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>United Kingdom</u>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State/Country                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| Zip Code <u>IP17 2NL</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| <b>Domestic Representative Name and Address</b> Enter for the first Receiving Party only.<br><table style="width: 100%;"><tr><td style="width: 60%;">Name <u>Bryan A. Santarelli</u></td><td style="width: 40%;"></td></tr><tr><td colspan="2">Address (line 1) <u>Graybeal Jackson Haley LLP</u></td></tr><tr><td colspan="2">Address (line 2) <u>155 - 108th Avenue N.E., Suite 360</u></td></tr><tr><td colspan="2">Address (line 3) <u>Bellevue, WA 98004-5801</u></td></tr><tr><td colspan="2">Address (line 4) _____</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name <u>Bryan A. Santarelli</u>        |                                                       | Address (line 1) <u>Graybeal Jackson Haley LLP</u> |  | Address (line 2) <u>155 - 108th Avenue N.E., Suite 360</u> |                                           | Address (line 3) <u>Bellevue, WA 98004-5801</u> |  | Address (line 4) _____          |                       |      |               |                          |  |
| Name <u>Bryan A. Santarelli</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| Address (line 1) <u>Graybeal Jackson Haley LLP</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| Address (line 2) <u>155 - 108th Avenue N.E., Suite 360</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| Address (line 3) <u>Bellevue, WA 98004-5801</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| Address (line 4) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |
| <b>FOR OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                       |                                                    |  |                                                            |                                           |                                                 |  |                                 |                       |      |               |                          |  |

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

|                                                     |        |                                                                             |
|-----------------------------------------------------|--------|-----------------------------------------------------------------------------|
| FORM PTO-1619B<br>Expires 06/30/99<br>OMB 0631-0027 | Page 2 | U.S. Department of Commerce<br>Patent and Trademark Office<br><b>PATENT</b> |
|-----------------------------------------------------|--------|-----------------------------------------------------------------------------|

  

|                                                            |                                |
|------------------------------------------------------------|--------------------------------|
| <b>Correspondent Name and Address</b>                      | Area Code and Telephone Number |
| (425) 455-5575                                             |                                |
| Name <u>Bryan A. Santarelli</u>                            |                                |
| Address (line 1) <u>Graybeal Jackson Haley LLP</u>         |                                |
| Address (line 2) <u>155 - 108th Avenue N.E., Suite 350</u> |                                |
| Address (line 3) <u>Bellevue, WA 98004-5901</u>            |                                |
| Address (line 4) <u></u>                                   |                                |

  

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| <b>Pages</b> | Enter the total number of pages of the attached conveyance document including any attachments | # <u>2</u> |
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|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>Application Number(s) or Patent Number(s)</b>                                                                   | <input type="checkbox"/> Mark if additional numbers attached. |
| Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property). |                                                               |
| Patent Application Number(s)                                                                                       | Patent Number(s)                                              |
| <u>09/905,261</u>                                                                                                  |                                                               |
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|                                                                                                                                                                 |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor. | Month Day Year |
|                                                                                                                                                                 | <u></u>        |

  

|                                                                                       |         |         |         |
|---------------------------------------------------------------------------------------|---------|---------|---------|
| <b>Patent Cooperation Treaty (PCT)</b>                                                |         |         |         |
| Enter PCT application number only if a U.S. Application Number has not been assigned. | PCT     | PCT     | PCT     |
|                                                                                       | <u></u> | <u></u> | <u></u> |
|                                                                                       | <u></u> | <u></u> | <u></u> |

  

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| <b>Number of Properties</b> | Enter the total number of properties involved. | # <u>1</u> |
|-----------------------------|------------------------------------------------|------------|

  

|                                          |                                                                                           |                  |
|------------------------------------------|-------------------------------------------------------------------------------------------|------------------|
| <b>Fee Amount</b>                        | Fee Amount for Properties Listed (37 CFR 3.41):                                           | \$ <u>40.00</u>  |
| Method of Payment:                       | Enclosed <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/>     |                  |
| Deposit Account                          | Enter for payment by deposit account or if additional fees can be charged to the account. |                  |
| Deposit Account Number:                  |                                                                                           | # <u>07-1897</u> |
| Authorization to charge additional fees: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                       |                  |

  

|                                                                                                                                                                                                                      |                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Statement and Signature</b>                                                                                                                                                                                       |                                                                                                                                                        |
| To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein. |                                                                                                                                                        |
| Bryan A. Santarelli<br>Name of Person Signing                                                                                                                                                                        | <div style="text-align: center;"> <br/>         Signature       </div> <div style="text-align: right;"> <u>10-12-01</u><br/>         Date       </div> |

## ASSIGNMENT OF U.S. AND FOREIGN RIGHTS IN INVENTION

In consideration of the payment by ASSIGNEE to ASSIGNOR of the sum of One United States Dollar (\$1.00) or its equivalent, the receipt of which is hereby acknowledged, and for other good and valuable consideration,

ASSIGNOR Peter Malone residing or having a principal place of business at 1201 Cottage Hill Drive, St. Michael, Suffolk, UK and a citizen or juristic entity of the United Kingdom

hereby sells, assigns, and transfers to

ASSIGNEE API Tenza Limited residing or having a principal place of business at Carlton Park Industrial Estate, Saxmundham, Suffolk IP17 2NL, United Kingdom, and a citizen or juristic entity of the United Kingdom

and the successors, assigns, and legal representatives of the ASSIGNEE, the entire right, title, and interest in the United States and in all foreign countries, including all rights to claim priority, in and to any and all improvements which are disclosed in the invention entitled A MOUNT and which is found in United States patent application serial number 09/905,261 filed on July 13, 2001 (if not present when this instrument is executed, applicant's attorney or agent is authorized to enter the application serial number and filing date upon receipt of the same from the United States Patent and Trademark Office), and in and to all Letters Patent to be obtained from said invention by the above application or any continuation, division, renewal, or substitute thereof, and as to Letters Patent from any reissue or re-examination thereof.

ASSIGNOR hereby covenants that no assignment, sale, agreement, or encumbrance has been or will be made or entered into which would conflict with this assignment.

ASSIGNOR further covenants that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts, documents relating to said invention and said Letters Patent and legal equivalents as may be known and accessible to ASSIGNOR and will testify as to the same in any interference, litigation, or proceeding related thereto and will promptly execute and deliver to ASSIGNEE or its legal representatives any and all papers, instruments or affidavits required to apply for, obtain, maintain, issue, and enforce said application, said invention, and said Letters Patent and that said equivalents thereof which may be necessary or desirable to carry out the purpose thereof.



EXECUTED ON, and effective from this 24<sup>th</sup> day of August, 2001 at

## ASSIGNOR:

Peter Malone

Name

Signature

Title (if applicable)

I hereby declare that I was personally present and did see the ASSIGNOR, who is personally known to me to be the person named in the assignment, duly sign and execute the same on this 24 day of August, 2001 of his own free will for the purpose therein expressed at the following location: \_\_\_\_\_

## WITNESS:

Name

Signature

Address of Witness

B.V. ParkerB.V. Parkerc/o Api Tenge LtdCarlton Park Ind EstSaxmurdhamS. NorfolkIP17 2NL